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FENWICK & WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE:

June 15, 2005

CLIENT-MATTER NO.: 20852-02000

3 3 37

To:

NAME	FAX NO.	PHONE NO.
United States Patent Office Technology Center 2600	(703) 872-9306	703-872-9313

FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

NUMBER OF PAGES WITH COVER PAGE: 2	ORIGINAL WILL NOT FOLLOW
APPLICATION NUMBER	09/728,373
FILING DATE	NOVEMBER 28, 2000
FIRST NAMED INVENTOR	TING K. YEE
GROUP ART UNIT	2633
EXAMINER NAME	DAVID S. KIM
ATTORNEY DOCKET NUMBER	20852-05169

MESSAGE:

Please file the attached Request for Withdrawal as Attorney.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL BECKY HANCOCK AT (650) 943-5205 AS SOON AS POSSIBLE.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/728,373
Filing Date	November 28, 2000
First Named Inventor	Ting K. Yee
Group Art Unit	2633
Examiner Name	David S. Kim
Attorney Docket Number	20852-05169

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

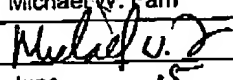
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Cora Fedornock Berkeley Law & Technology Group, LLC				
Address	1756 - 114th Ave. SE, Ste. 110				
Address					
City	Bellevue	State	WA	Zip	98004
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Fam
Signature	
Date	June 15, 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.